

<b>PURCHASE REQUEST AND COMMITMENT</b> For use of this form, see DFAS-IN 37-1; the proponent agency is ASA(FM&C).			1. PURCHASE INSTRUMENT NO.		2. REQUISITION NO.		3. DATE		PAGE      OF PAGES		
4. TO:			5. THRU:				6. FROM:				
It is requested that the supplies and services enumerated below or on attached list be											
7. PURCHASED FOR						8. DELIVERED TO			9. NOT LATER THAN (Date)		
The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: <i>(Check appropriate box and complete item.)</i>						10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION			11. TELEPHONE NUMBER		
						<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY         </div> <div style="width: 45%;"> <input type="checkbox"/> 13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY         </div> </div>					
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM						The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.					
14. ITEM		15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED		19. ACCOUNTING CLASSIFICATION AND AMOUNT				
					UNIT PRICE <i>a</i>	TOTAL COST <i>b</i>					
							20. TYPED NAME AND TITLE OF CERTIFYING OFFICER      21. SIGNATURE      22. DATE  23. DISCOUNT TERMS  24. PURCHASE ORDER NUMBER  26. DELIVERY REQUIREMENTS				
25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE						ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES      YES <input type="checkbox"/> NO <input type="checkbox"/>  IF YES, NUMBER OF DAYS REQUIRED _____					
27. TYPED NAME AND GRADE OF INITIATING OFFICER		28. SIGNATURE			29. DATE		34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE		35. SIGNATURE		36. DATE
30. TELEPHONE NUMBER											
31. TYPED NAME AND GRADE OF SUPPLY OFFICER		32. SIGNATURE			33. DATE						

37. OBLIGATION RECORD									38. AMOUNT OF COMMITMENT \$								
DATE	REFERENCE NUMBER	OBLIGATED INCURRED			UNOBLIGATED BALANCE			REMARKS	DATE	REFERENCE NUMBER	OBLIGATED INCURRED			UNOBLIGATED BALANCE			REMARKS

39. PROCUREMENT DATA														
BIDDER NO.	Item						DISCOUNT DAYS				BUSINESS		DELIVERY TIME	DESTINATION FOB POINT
	Qty						10	20	30	NI	Lg	Sm		
	Unit													